

FILE NOW: FILING FEE IS \$61.25

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Mar 25 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 729149 (5)**  
1. Corporation Name  
**KENDALL ACRES WEST CONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business <b>8401 S.W. 107 AVE. MIAMI FL 33173</b>	Mailing Address <b>COURTESY PROPERTY MGMT. 9380 SUNSET DR. #B-250 MIAMI FL 33173-3276</b>
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<b>21</b> Principal Place of Business	<b>26</b> Mailing Address
Suite, Apt #, etc.	Suite, Apt #, etc.
<b>22</b> City & State	<b>27</b> City & State
Zip	Zip
<b>23</b> Country	<b>28</b> Country
<b>24</b>	<b>29</b>
<b>25</b>	<b>30</b>

<b>3.</b> Date Incorporated or Qualified <b>03/14/1974</b>	<b>3a.</b> Date of Last Report <b>04/16/1996</b>
<b>4.</b> FEI Number <b>59-1531464</b>	Applied For <input type="checkbox"/> Not Applicable
<b>5.</b> Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
<b>6.</b> Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
<b>8.</b> This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

**9. Name and Address of Current Registered Agent**

**SKRLD, INC.**  
**201 ALHAMBRA CIRCLE/% LISA LERNER**  
**SUITE 1102**  
**CORAL GABLES FL 33134**

**10. Name and Address of New Registered Agent**

<b>81</b> Name
<b>82</b> Street Address (P.O. Box Number is Not Acceptable)
<b>83</b>
<b>84</b> City
<b>85</b> Zip Code

**11.** Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**12. OFFICERS AND DIRECTORS**

TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>PEARL REISMAN</b>	
STREET ADDRESS	<b>8415 S. W. 107 AVENUE, #276W</b>	
CITY- ST- ZIP	<b>MIAMI FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>GEORGE ALEXANDER</b>	
STREET ADDRESS	<b>8401 S. W. 107 AVE., #2373 E</b>	
CITY- ST- ZIP	<b>MIAMI FL</b>	
TITLE	<b>DV</b>	<input type="checkbox"/> DELETE
NAME	<b>LOU PARSONS</b>	
STREET ADDRESS	<b>8401 S. W. 107 AVE. #124E</b>	
CITY- ST- ZIP	<b>MIAMI FL</b>	
TITLE	<b>T</b>	<input type="checkbox"/> DELETE
NAME	<b>JAMES MARSHALL</b>	
STREET ADDRESS	<b>8415 S. W. 107 AVE., #261W</b>	
CITY- ST- ZIP	<b>MIAMI FL 33173</b>	
TITLE	<b>S</b>	<input type="checkbox"/> DELETE
NAME	<b>MASCHINOT, JOYCE</b>	
STREET ADDRESS	<b>8415 SW 107 AVE 310W</b>	
CITY- ST- ZIP	<b>MIAMI FL</b>	
TITLE	<b>DP</b>	<input type="checkbox"/> DELETE
NAME	<b>LEVENTHAL, DORIS</b>	
STREET ADDRESS	<b>8401 SW 107 AVE 220E</b>	
CITY- ST- ZIP	<b>MIAMI FL 33173</b>	

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

<b>1.1</b> TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>1.2</b> NAME	<b>HARRIET SALEM</b>	
<b>1.3</b> STREET ADDRESS	<b>8415 SW 107 AVE. #236W</b>	
<b>1.4</b> CITY- ST- ZIP	<b>MIAMI FL 33173</b>	
<b>2.1</b> TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>2.2</b> NAME		
<b>2.3</b> STREET ADDRESS		
<b>2.4</b> CITY- ST- ZIP		
<b>3.1</b> TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>3.2</b> NAME		
<b>3.3</b> STREET ADDRESS		
<b>3.4</b> CITY- ST- ZIP		
<b>4.1</b> TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>4.2</b> NAME		
<b>4.3</b> STREET ADDRESS		
<b>4.4</b> CITY- ST- ZIP		
<b>5.1</b> TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>5.2</b> NAME		
<b>5.3</b> STREET ADDRESS		
<b>5.4</b> CITY- ST- ZIP		
<b>6.1</b> TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>6.2</b> NAME		
<b>6.3</b> STREET ADDRESS		
<b>6.4</b> CITY- ST- ZIP		

**14.** I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Doris Leventhal Pres.* 3/18/97  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/96)